

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

SUPERIOR COURT
C.A. No. 1884-cv-01808 (BLS2)

COMMONWEALTH OF MASSACHUSETTS,)
)
 v.)
)
 PURDUE PHARMA L.P., PURDUE PHARMA INC.,)
 RICHARD SACKLER, THERESA SACKLER,)
 KATHE SACKLER, JONATHAN SACKLER,)
 MORTIMER D.A. SACKLER, BEVERLY SACKLER,)
 DAVID SACKLER, ILENE SACKLER LEFCOURT,)
 PETER BOER, PAULO COSTA, CECIL PICKETT,)
 RALPH SNYDERMAN, JUDITH LEWENT, CRAIG)
 LANDAU, JOHN STEWART, MARK TIMNEY,)
 and RUSSELL J. GASDIA)

AFFIDAVIT OF JENNY WOJEWODA

1. I am an Assistant Attorney General in the Office of Attorney General Maura Healey, representing the Commonwealth in the above-captioned action. I make this affidavit under pains and penalty of perjury in support of the Commonwealth’s Memorandum of Law in Opposition to the Motion of Defendants Craig Landau, John Stewart, and Mark Timney to Dismiss the First Amended Complaint (“Complaint” or “FAC”).

2. The Massachusetts Appeals Court reported in *Cepeda v. Kass* that “[t]he most typical method of resolving a motion to dismiss for lack of personal jurisdiction” is application of the prima facie standard. 62 Mass. App. Ct. 732, 737-38 (2004) The court noted:

In evaluating a prima facie showing, the court acts as a data collector, not as a fact finder. In conducting the requisite analysis under the prima facie standard, we take specific facts affirmatively alleged by the plaintiff as true (whether or not disputed) and construe them in the light most congenial to the plaintiff’s jurisdictional claim.

Id. (quotation omitted). The Commonwealth’s Complaint alleges numerous facts in support of specific personal jurisdiction over Defendants John Stewart, Mark Timney, and Craig Landau.

3. Consistent with *Cepeda*, I have attached true and correct copies or excerpts of the documents listed as exhibits hereto. *See id.* at 737 (“The most common approach allows a court to determine a rule 12(b)(2) motion solely on affidavits and other written evidence”).

4. These attached documents are not intended to address the full scope of jurisdictional facts alleged in the Commonwealth’s Complaint. As explained briefly for each document, below, these documents are attached to dispute certain assertions made by Defendants John Stewart, Mark Timney, and Craig Landau in the Declarations submitted with their Motion to Dismiss.



5. As specified further below, the exhibits include (a) documents produced by Purdue Pharma LP in the federal multi-district litigation and subsequently reproduced in this case (Bates prefixes PPLP and PPLPC; reference to ¶ in FAC); (b) documents produced by Purdue Pharma LP in the federal multi-district litigation and not subsequently reproduced in this case (Bates prefixes PPLP and PPLPC; no reference to ¶ in FAC); (c) documents produced by McKinsey & Company pursuant to a Civil Investigative Demand issued by this office under M.G.L. Chapter 93A (Bates prefix MCK-MAAG); and (d) documents produced by Publicis Group pursuant to a Civil Investigative Demand issued by this office under M.G.L. Chapter 93A (Bates prefix PUBLICIS).

John Stewart

6. Stewart states, in his Declaration: “In my role as CEO of Purdue, I was not involved in the day-to-day marketing activities or promotion of prescription opioids in Massachusetts or any other state. Nor was I involved in the management or direct oversight of

Purdue sales representatives in Massachusetts or any other state.” Stewart Decl. ¶ 10. “As CEO of Purdue, I did not personally engage in the marketing or promotion of Purdue’s opioid medications in Massachusetts or any other state, or direct specific practices or activities in Massachusetts.” Stewart Decl. ¶ 11. I submit the following documents as written evidence that Stewart managed the marketing and promotion of opioids in Massachusetts, including directing the unfair and deceptive activities of sales representatives in Massachusetts.

- **Exhibit 1** is an email chain excerpt dated May 25, 2011 to/from John Stewart “re: Butrans Weekly Report for the week ending May 13, 2011,” bearing Bates numbers PPLPC012000326096 – PPLPC012000326098, and is referenced in the FAC at ¶ 649 n. 778. Stewart emails Defendant Russell Gasdia:

“Please get your team to pull together the analyses and action plan referred to in both your memo and my email below, and the action plan should have elements specifically directed at: sales force call targeting; sales force prescriptions by representative (range from high to low, and what ‘performance improvement plans’ are being put in place for those in the lowest deciles; key questions / obstacles being identified from the field and medical services, and how they are being addressed; what other information the sales force feels will help boost sales; the current situation with each of the major MCOs, and the plan and targets going forward (with specific dates); and key marketing activities and their state date that by themselves may help boost sales....

You were going to send the agenda for the RM [Regional Manager] Meeting, and if they are still [here] tomorrow – I’ll find a time to come in and hear from them directly.”

- **Exhibit 2** is an email chain dated March 8, 2012 to/from John Stewart “Re: Copy of Butrans Weekly Report,” bearing Bates numbers PPLPC012000368569 – PPLPC012000368570, and is referenced in the FAC at ¶ 658 n.790. In an email Stewart tells Defendant Russell Gasdia that “reduc[ing] the direct contact of Richard [Sackler] into the organization” is something he works on “virtually every day,” but that when

Sackler “does ask for [sales] data – I find it best to just give it to him, but at the same time repeat what i/we feel.”

- **Exhibit 3** is an email dated June 11, 2012 from Mike Innaurato to William Mallin and John Stewart titled “June 18 2012 mid year board Marketing pres v11.pptx” bearing Bates number PPLPC012000382118 and attaching a presentation titled “Mid-Year Sales and Marketing Update” bearing Bates number PPLPC012000382119, which is referenced in the FAC at ¶ 384 n. 425.

Slide 5 states: “Purdue Analgesic Franchise Captures 30% of all Brand and Generic new ERO Patients Monthly.” Slides 10 through 13 discuss the OxyContin Patient Savings Card Program.

Slide 11 states:

“Continue with the \$70 Patient Savings Card program. Doctors whose patients redeem the savings card increase Rx volume by 28%. ~60% more patients stay on therapy >90 days if a savings card is redeemed.”

- **Exhibit 4** is a memorandum dated July 18, 2013 from McKinsey & Co. to John Stewart and Russell Gasdia titled “Identifying granular growth opportunities for OxyContin: First Board update,” bearing Bates numbers MCK-MAAG-0024283 – MCK-MAAG-0024301, and is referenced in the FAC at ¶ 407 n.463 (bearing different bates). Excerpts from this memorandum to Stewart include:

At page 2:

“We believe that despite a national decline, micro market analysis suggests important pockets of growth that Purdue should focus on. It is encouraging that at a zip code level; roughly 40% of zips are actually growing their OxyContin prescription volume (Exhibit 1). The diffuse pattern in the geographic mapping also illustrates the extent of local dynamics—allowing Purdue to significantly

improve its local market approach to capture these opportunities.”
MCK-MAAG-0024284

At page 3:

“NPs [Nurse Practitioners] are currently able to prescribe OxyContin in 41 states.” MCK-MAAG-0024285.

Massachusetts was one of those 41 states.

At page 6:

“Targeting that only incorporates TRx [total prescriptions] can create sub-optimal field deployment as reps could spend too much time with historically high writers. These prescribers may largely be maintaining patients, with minimal risk of switching stable patients. As a result, these prescribers may not justify as high a call frequency. Incorporating NBRx [new-to-brand prescriptions] would encourage the field to seek out prescribers who are putting new patients on OxyContin, both opioid naives and switchers.”
MCK-MAAG-0024288

At page 11:

“Understandably given the particular characteristics of OxyContin, there may be a high percentage of no-see doctors.” MCK-MAAG-0024293

At page 15:

“The retail channel, both pharmacies and distributors, is under intense scrutiny and direct risk. We see clear disruption impacting patients and it is spreading. The range of obstacles include entire pharmacies being shut off by distributors, pharmacies themselves imposing tablet limits, decreases in channel inventory leading to greater stockouts, and pharmacies choosing to not stock OxyContin.... The broader external environment around opioids is being shaped by others and Purdue is being impacted. In some cases such as state legislation, Purdue has taken action.” MCK-MAAG-0024297

At page 17:

“Immediate tactical opportunities require further validation and adoption by OxyContin brand leadership. These ideas are primarily about implementing industry best practices in execution. These best practices can be adapted for Purdue and rolled out

quickly. These include: higher call productivity, full delivery of OxyContin P1s, higher reach of decile 6-10 prescribers, greater adherence to call lists, and field training on how to appropriately engage medical.” MCK-MAAG-0024299

At page 18:

“We are only partially through our work and many analyses are in progress. For example, we know that over 40% of OxyContin decline (in milligrams sold) is due to a reduction in tabs/Rx and mgs/Rx.” MCK-MAAG-0024300

- **Exhibit 5** is a presentation dated August 5, 2013 from McKinsey & Co. to John Stewart titled “OxyContin growth opportunities: Update with John Stewart” bearing Bates numbers MCK-MAAG-0084972 – MCK-MAAG-0084992. (*AGO highlighting in document.*)

Slide 2 states:

“[C]urrent sales force targeting... [c]overage is particularly low among high new-to-brand prescribers, who also have the greatest sensitivity to promotion.... [W]e believe Purdue should embark on a comprehensive sales transformation journey....”

Slide 5 states:

“75% of the decline of OxyContin is concentrated in prescribers that Purdue does not call.... This suggests that increased call activity may have a substantial impact on slowing the decline of OxyContin.”

- **Exhibit 6** is a memorandum dated August 8, 2013 from McKinsey & Co. to John Stewart and Russell Gasdia titled “Identifying granular growth opportunities for OxyContin: Addendum to July 18th and August 5th updates,” bearing Bates numbers PPLP004409892 – PPLP004409898, and is referenced in the FAC at ¶ 409 n. 465.

Page 1 states:

“Our refined analyses confirm significant opportunity to improve sales through better [prescriber] targeting. We believe the upside is >\$100 million in annual sales.” PPLP004409892

Page 3 states:

“Access to OxyContin for some patients has become quite challenging in specific local markets. This is due to a combination of factors including: regulations, DEA initiatives, PROP, wholesaler initiatives and local pharmacist perceptions.”
PPLP004409894

Page 4 states:

“Many wholesalers are also imposing hard quantity limits on orders based on prior purchase levels....

While the wholesaler issues are quite visible and real, we believe the daily decisions being made at local pharmacies, while less publicly visible, are in fact creating far grater access issues.

Walgreens, in particular, is having material impact on patients. In April, Walgreens rolled out national opioid dispensing guidelines. These guidelines are quite extensive and include ‘flags’ for new patients and dose limits which can clearly impact appropriate patient access....

Separately, as part of their agreement with the DEA, Walgreens eliminated controlled substances from their bonus calculations for pharmacists. Thus individual pharmacists effectively lose money every time they accept the work of fulfilling an opioid prescription.... PPLP004409895

Pages 5-6 state:

We have examined multiple zip codes where Walgreens is a major supplier....

The Walgreens data [] shows a significant impact on higher OxyContin dosages. Among Walgreen stores that stock OxyContin 20mg, in the last three months there has been a 21% reduction in the number of stores also purchasing the 80mg. It is also important to note that Walgreen’s reduction in the 80mg far exceeds the national trend. Their share of national purchases of the 80mg has fallen by nearly 20%. Thus Walgreens is not simply reflecting lower demand, but apparently taking independent action to further reduce 80mg purchasing.

While Walgreens is currently having the most dramatic impact, there is reason to believe that many of the chains either have

implemented (e.g., CVS in 2012) or are considering similar policies. Thus the pharmacy access issue is both urgent and broad.

The magnitude of today's patient access issues underscores the need to: (1) take immediate actions to address issues at pharmacies (e.g., ensure appropriate senior level dialogue with Walgreens, increase patient advocacy efforts); and (2) accelerate exploration of potential innovative alternatives such as direct-to-patient mail order which was described in our prior memo." PPLP004409896 – PPLP004409897

Page 7 states:

"Our experience makes clear that one fundamental 'must have' for execution success is strong leadership alignment upfront.

Therefore our recommendation is that Purdue makes a clear go-no go decision to 'Turbocharge the Sales Engine'." PPLP004409898

- **Exhibit 7** is an email from John Stewart dated May 22, 2013 titled "Edits to 2013 Mid-Year Sales Update" bearing Bates number PPLPC012000424608, attaching a excerpted presentation bearing Bates numbers PPLPC12000424609 through PPLPC12000424622 with handwritten notes, all of which are referenced in the FAC at ¶ 672 n. 808. Slide 9 contains edits to a slide stating: "Causes of the decline in tablets per script are being researched to quantify impact and identify corrective actions." PPLPC012000424616.

Slide 12 titled, "Potential Causes of the decline in scripts – especially the higher strengths," contains edited text stating:

"OxyContin primary sales calls below budget. This is likely impacting scripts, because calls have a positive impact. For example, the loss in higher strengths in called on physicians is 33% lower than those not called on. High dose prescribing grew in physicians we began calling [on] over the last year." PPLPC012000424619

Slide 14 lists under "Planned Actions:" "Implement Marketing Initiatives – 'Individualize the Dose' campaign." PPLPC012000424621.

- **Exhibit 8** is a Rosetta Creative Brief dated September 3, 2013 for “Purdue OxyContin” bearing Bates numbers PUBLICIS-0000094 through PUBLICIS-0000100. (*AGO highlighting in document.*) The document states that “Objectives” of the “Campaign Refresh” are to “[e]volve the current OxyContin creative campaign, ‘Individualize the Dose’ to address an emerging market dynamic.” PUBLICIS-0000095. Under “MEASURABLE IMPACT: How are we defining success?”, the document states: “Shift in trend of declining mean dose of OxyContin.” PUBLICIS-0000098.

7. In his Declaration, Stewart admits that he came to Massachusetts to meet with the director of the Massachusetts General Hospital Purdue Pharma Pain Program. He states that he “was asked to travel” to discuss reinstating Purdue’s payments to the Program, but denies that the purpose of the trip was in any way to promote Purdue’s opioids or “opioids generally.” Stewart Decl. ¶ 12a. I submit the following documents as written evidence that Stewart managed the decision to pay the Massachusetts General Hospital and that a purpose of the payment was the promotion of Purdue’s opioids.

- **Exhibit 9** is a memorandum dated July 9, 2009 from J. David Haddox to John Stewart titled “Re: Massachusetts General Hospital (MGH) Purdue Pharma Pain Program,” bearing Bates numbers PPLPC023000228147 – PPLPC023000228153, and is referenced in the FAC at ¶ 273 n. 216. (*AGO highlighting in document.*)

The first listed “accomplishment” of the Program is:

“The official designation of the MGH Purdue Pharma Pain Program, including a plaque displayed in the MGH Center for Pain Medicine.” PPLPC023000228148.

Appendix 1, Summary of the Agreement between PPLP, MGH, and HMS states:

“The details of any specific educational program are overseen by an Educational Program Committee (EPC), comprising the DACC Chair, three (3) members of the HMS faculty selected by the DACC Chair in consultation with the Dean of the Faculty of Medicine HMS [], and one person appointed by PPLP.... The EPC makes recommendations for funding educational programs to an Oversight Board.... In making decisions, the Board shall consult with a person designated by PPLP, provided that such consultation is purely advisory and all final decisions shall be made by the Board.

Any publications, programs or public events resulting from the Program shall publicly and conspicuously identify its relationship to the Fund or the Program.” PPLPC023000228150.

- **Exhibit 10** is an email dated December 22, 2009 from Edward Mahony titled “Notes and Actions Follow Up from November Board Meeting” with the attachment “2010 Budget Presentation Notes and Actions 12-22-09B send to JHS,” bearing Bates numbers PPLPC012000249327 – PPLPC012000249337, and is referenced in the FAC at ¶ 269 n. 211. The email states: “At John Stewart’s request, attached is a list of questions raised at the November Board meeting and answers or actions on each. In certain cases, the action is for a presentation to the Board.” PPLPC012000249327. The attachment states, at page 10: “Q: Determine whether or not it would be appropriate to reinitiate funding of the Mass. General Pain Center. A: John Stewart is working with David Haddox and the CEAC [Communications and External Affairs Committee] on this issue.” PPLPC012000249337.

Mark Timney

8. In his Declaration, Timney states, “In my role as CEO of Purdue, I was not involved in the day-to-day marketing activities or promotion of prescription opioids in Massachusetts or any other state. Nor was I involved in the management or direct oversight of

Purdue sales representatives in Massachusetts or any other state.” Timney Decl. ¶ 12. I attach the following documents as written evidence that this statement is incorrect.

- **Exhibit 11** is an email dated May 14, 2014 from Mark Timney titled “ADF in MA,” bearing Bates PPLPC020000793243 – PPLPC020000793244. An email chain containing the same email is referenced in the FAC at ¶ 439 n. 520 (different Bates). Timney emails “MNPCconsultinglimited-BoardofDirectors@pharma.com”:

“I wanted to alert you to a positive development in Massachusetts, a state from which we’ve seen significant anti-opioid activity in recent months. Yesterday, the Massachusetts Senate passed legislation that included a provision developed by Purdue, prohibiting a non-abuse-deterrent formulation from being dispensed if an abuse-deterrent formulation is available....

I applaud the Health Policy and State Government Affairs teams for proactively crafting this model legislation and advocating it through the state legislative process, respectively. This initiative, so closely aligned with our commercial strategy and being replicated in several other states, helps ensure that patients continue to have access to our medicines and that broader public health goals are served....

I look forward to keeping you updated on our progress.”
PPLPC020000793243.

- **Exhibit 12** is an email dated November 1, 2016 from Robert Josephson titled “Boston Globe: Purdue’s Letter to the Editor: Boston Globe” bearing Bates numbers PPLPC011000126443 – PPLPC011000126444, and is referenced in the FAC at ¶ 779 n. 938.

The letter to the editor, written by Timney, states:

“Given the gravity of the opioid epidemic, it’s critical your readers know that not all reductions in opioid prescribing result in reduced opioid abuse....

Opioid manufacturers must promote products responsibly, helping to ensure that our medicines are prescribed only to the right patient for the right reason.

In the past, Purdue failed to meet this standard, but we accepted full accountability for those missteps....

To best serve public health, the Globe should recognize the impactful efforts companies like Purdue have taken to address the opioid epidemic.” PPLPC011000126443 – PPLPC011000126444.

9. In his Declaration, Timney states: “to my knowledge, the call center was not used for affirmative outreach.” I submit the following documents as written evidence that the call center was used for affirmative outreach and Timney knew this fact.

- **Exhibit 13** is an email dated December 18, 2014 from Mark Timney to Russell Gasdia “RE: Call Center Up and Running,” bearing Bates numbers PPLPC012000510219 – PPLPC012000510220. Timney states that he “will be watching [] closely” the “Purdue Product Information Center (PIC)” (Call Center) that defendant Russell Gasdia tells him has launched as of December 2014. Gasdia tells Timney:

“The 8 Customer Service Representatives (CSRs) began making outbound calls the week of December 1st. The 9 Professional Representatives (PSRs) are receiving their training (same as our new field-based representatives) and will initiate outbound calls next week.

We have identified ~22,000 high decile prescribers for OxyContin/Butrans, who our field-based representatives have indicated as “no see”. Based on the analogues that MediMediaHealth (Call Center CSO) and our previous experiences with an outbound call center 10 year ago, we have assumed ~\$4mm upside for OxyContin and ~\$1mm for Butrans over the 6 month pilot.... [sic]

A full eMarketing campaign is in place to support this, as are updated websites that promote the PIC, and journal ads will now call out the PIC. This should promote inbound calls.” PPLC012000510219.

- **Exhibit 14** is an email dated May 23, 2014 from William Mallin “RE: EC Meeting Content” with attachment “20140519_Presentation deck.pptx” bearing Bates numbers PPLPC035000220405 – PPLPC035000220406. (Excerpt.) (*AGO highlighting in document.*) Slides 59 through 63 detail Purdue’s planned “Multi-channel approach” for promoting drugs to “No-see” physicians. Slide 61 states under “Call Center Initiative Objectives:” “Increase scripts for Butrans and OxyContin with the ‘no see’ HCPs.”

10. In his Declaration, Timney states: “I [] did not personally participate in any sales or marketing efforts focused on the Partners or Steward hospital systems.” I submit the following document as written evidence that this statement is incorrect.

- **Exhibit 15** is an excerpted presentation dated April 24, 2014 from McKinsey & Co. titled “Update on E2E – Evolve to Excellence implementation,” bearing Bates number MCK-MAAG-0017306. (*AGO highlighting in document.*) Slide 21 states: “A targeted IDN [Integrated Delivery Network] strategy will require “top-to-top” interactions between Purdue and IDN leadership....” Slide 25 identifies Steward Health Care System, LLC (“Steward”) as a “Top 10 over-performing” IDN “by ERO volume.” “Total upside associated with growing over-performers is: 36K TRx annually (\$16M gross revenue).” Slide 35 identifies Massachusetts as one of four states for “Wave 1” of the IDN strategy, and lists Steward and Partners HealthCare System as the first two IDNs of four listed for Massachusetts.

Craig Landau

11. In his Declaration, Landau says that “in the eight months” he served as CEO of Purdue prior to February 2018, when “Purdue ceased deploying sales personnel to promote its opioid medications to prescribers,” he was “not involved in the day-to-day marketing activities

or promotion of prescription opioids in Massachusetts or any other state.” Landau Decl. ¶¶ 13,

15. I submit the following document as written evidence that this statement is incorrect.

- **Exhibit 16** is an email dated October 09, 2017 from Matthew Vance titled “Craig Landau Field Rides,” bearing Bates numbers PPLPC014000361559 – PPLPC014000361560.

The document lists six field rides with sales representatives scheduled for Landau from November 2017 through January 2018.

12. Landau states in his Declaration that he “did not personally negotiate” Purdue’s contracts with Analgesic Research, that these agreements “were negotiated by other Purdue departments and presented to me for my signature,” and that “[i]n any event,” these agreements “related solely to the clinical development of Butrans and Hysingla....” Landau Decl. ¶ 17. I submit the following documents as written evidence that Landau’s characterizations of the Purdue – Analgesic Research relationship and his role in it are incorrect.

- **Exhibit 17** is an email dated November 25, 2008 from Craig Landau titled “Fw: Deliverable Summary for Call” with attachment “Opioid Training Program PurduePharma.Deliverable Summary.doc” bearing Bates numbers PPLPC039000335655 – PPLPC039000335658. Nat Katz tells Craig Landau:

“[I]t would be important for us to define in general terms the scope of the entire contract in general terms before proceeding.... Are we on the same page? My Tufts meeting will end early tomorrow afternoon, so if you are available we could talk then.”
PPLPC039000335656

Craig Landau responds:

“I believe we’re on the same paragraph, if not the same sentence. I suggest a more detailed discussion with a subset of the most appropriate folks (yours and mine) to determine how to move forward contractually. This is not be area of responsibility [sic], but of course will do everything I can to move the ball forward. I can speak late tonight from Toronto if you wish, or any time from

tomorrow night through the weekend if this helps.”
PPLPC03000335655

- **Exhibit 18** is an email dated December 2, 2008 from Craig Landau “First Draft- OTR Briefing Document for FDA” bearing Bates numbers PPLPC018000255234 – PPLPC018000255235. On information and belief, “OTR” stands for OxyContin Tamper Resistant.

Landau states:

“I spoke with Nat this evening. Here are his detailed comments on the REMS draft and FDA Briefing Document. Given the diverse nature of his comments, I’ve included what I believe to be the proper distribution. I’ll look forward to discussing further in a meeting I’ll look to schedule either late tomorrow or early Wednesday morning.” PPLPC018000255234

13. In his Declaration, Landau states: “I have never regularly conducted or solicited business in Massachusetts, nor otherwise engaged in a consistent course of conduct in Massachusetts, either as CEO of Purdue or otherwise.” Landau Decl. ¶ 13. He also states: “I have not personally directed or engaged in the marketing or promotion of Purdue’s opioid medications in Massachusetts nor personally made or directed any payments to any Massachusetts doctors. I have not directed any other Purdue employee to visit particular doctors in Massachusetts, to make payments to any particular doctors in Massachusetts, not to engage in any particular promotional activities in Massachusetts.” Landau Decl. ¶ 16. I submit the following documents as written evidence that these statements are incorrect.

- **Exhibit 19** is an email dated September 1, 2017 from Craig Landau “Meeting to discuss opioid promotion” bearing Bates numbers PPLPC016000315550 – PPLPC016000315551, and is referenced in the FAC at ¶ 822 n. 977. JJ Charon writes to Margaret Feltz:

“I am concerned about the delay in remediating these sales force training gaps given the recommended next steps [by] Craig. [sic] As you and I have discussed a number of times over the last few weeks, the differences in approach between the detailing of opioids and Symproic is in my mind a significant source of additional risk from a compliance perspective. We can always change our strategy at a later point in time, but it is in my view imperative that the sales force gets re-certified on the Opioid front against the existing standard. I also raised these points with Marv once again last week and encouraged him to align with you so we can put something in place ideally before the Symproic launch date.” PPLPC016000315551.

Margaret Feltz forwards the email to Landau.
Landau responds:

“I believe we have one or more meetings on the books to discuss this as a high priority item. I believe you said JJ had scheduled this after our discussion to do the same. If in the wake of his planned departure the meeting has fallen off the calendar, please reschedule as soon as possible.” PPLPC016000315550.

- **Exhibit 20** is an email dated November 13, 2017 from Tejash Shah (on behalf of Craig Landau) titled “Opioid Crisis & Purdue Pharma” together with the attachment “171113 Letter for Pres. Monaco.pdf” signed by Craig Landau, M.D., and bearing Bates numbers PPLPC039001206069 – PPLPC039001206072. The same letter is referenced in the FAC at ¶ 824 n. 980 (different Bates). Landau’s letter to President Monaco states:

“I am writing to provide you with additional information and important context regarding the recent news coverage of the Sackler family and Purdue Pharma, the pharmaceutical company founded by the late Drs. Mortimer and Raymond Sackler....

Unfortunately, 16 years ago, certain Purdue employees understated the risks of opioid use, and we paid a serious price, especially in terms of public trust. Since that time, however, my Purdue colleagues and I have worked tirelessly to ensure that those who prescribe our medications fully understand their risks, even when used appropriately....

In closing, I'd offer that even though our products represent less than two percent of our nation's opioid prescriptions, we at Purdue Pharma believe it as [sic] our responsibility to lead our industry in helping address our nation's opioid epidemic. This reflects our company's core values, instilled by Drs. Mortimer and Raymond Sackler, to use science to improve public health. This was their lifelong goal, reflected in their professional, personal, and philanthropic endeavors, including their support for Tufts which began many years before the introduction of Purdue's first opioid analgesic product.

Thank you for this opportunity to provide some necessary perspective on current and past events. I would gladly make myself available at your convenience, should you wish to speak."

Massachusetts as a Target

14. In his Declaration, Stewart says: "Massachusetts was of no particular commercial focus for me as CEO of Purdue, and I did not understand it to be of any particular focus for Purdue." Stewart Decl. ¶ 8. Timney states, "Massachusetts was of no particular commercial focus for me as CEO of Purdue, and I did not understand it to be of particular focus for Purdue. Timney Decl. ¶ 8. Landau too, in his Declaration, states that "Massachusetts has not been a state of particular focus for me, and I have not understood it to be of particular focus for Purdue." Landau Decl. ¶ 13. Stewart further states in his Declaration that he did not "attempt to influence legislation in Massachusetts." Stewart Decl. ¶ 17. Timney further says, in his Declaration: "sales initiatives in place during my tenure... were not specifically focused on Massachusetts, which was of no greater importance than any other state from a sales strategy perspective.... I did not consider Massachusetts to be a 'high value geography'. Timney Decl. ¶ 16.

I submit the following documents as written evidence that these statements are incorrect.

- **Exhibit 21** is a memorandum dated May 7, 2000 from J. David Haddox "re: Site Visit of Master of Science in Pain Research, Education and Policy, Tufts University School of

Medicine, 4/26/00 through 4/27/00,” bearing Bates numbers PPLPC013000048630 – PPLPC013000048634, and is referenced in the FAC at ¶ 284 n. 244. The Memorandum lists as the objectives of the site visit to Tufts:

- “1. To gain familiarity with the faculty, administration and participants in the MSPREP Program sponsored by PPLP [Purdue Pharma LP].
2. To explore opportunities for further collaboration within the MSPREP Program.
3. To address the issue of PPLP logo on marketing materials that was raised by PPLP Board of Directors.
4. To stimulate the MSPREP to finalize its marketing plan and submit to PPLP for review and informational purposes.
5. To begin the process of outlining a list of essentials for future/similar programs that may be supported by PPLP.
6. To explore ways in which PPLP can contribute academically to the curriculum of the MSPREP Program.” PPLPC013000048630.

On page 5, under “Summary”:

“The individuals with whom I met were responsive to the objectives of my visit. I expect some of the more simple ones to be resolved shortly.

It is my intent, as PPLP’s liaison to this program, to visit the program quarterly to ensure that quality is maintained and that the focus is appropriately broad, as well as to continue exploring other potential collaborations and extensions of this program’s activities.” PPLPC013000048634.

- **Exhibit 22** is a letter dated May 16, 2001 from Dr. Martin Acquadro of Massachusetts General Hospital to Paul Goldenheim asking for \$3 million for a new pain center at MGH, bearing Bates numbers PPLPC059000000440 – PPLPC059000000442. Dr. Acquadro writes:

“On behalf of the Massachusetts General Hospital, it is with pleasure that I write to share an exciting opportunity for collaboration with the MGH Pain Center. We are grateful for Purdue Pharma’s ongoing support of our world-class program and invite you to collaborate with us as we expand and improve our work in the coming months. Specifically, I ask that Purdue Pharma name the new MGH Pain Center for a gift of \$3 million.

Purdue Pharma’s commitment to providing care for people with pain, and your demonstrated interest in promoting the work of the MGH make this an unparalleled chance for two world leaders in pain management to form a strategic alliance. I have taken the liberty of sending this information to Dr. Richard Sackler as well....” PPLPC059000000440

On page 2:

“For the past several years, Purdue Pharma has generously underwritten our weekly Cancer Pain Center Interdisciplinary Conference. These in-depth lectures enable caregivers from across the spectrum to come together and discuss critical topics in pain management. They have proven to be invaluable in establishing the MGH as an acknowledged leader -- advancing treatment and, in many cases, defining it for the field. Two Purdue Pharma representatives, Karolyn Sokolosky and Amy Prasol, have been instrumental partners in developing this program.

I now propose that we build upon this alliance by creating the Purdue Pharma Pain Center at the MGH. A gift of \$3 million from Purdue Pharma would name the Center, putting an indelible mark on the face of pain management in one of the leading medical institutions in the country. In addition, we envision tremendous potential for corporate visibility – with creative naming opportunities ranging from logo placement on letterhead and other printed materials, to highly visible signage throughout the Center.” PPLPC059000000441.

- Referring back to **Exhibit 9**, (a memorandum dated July 9, 2009 from J. David Haddox to John Stewart titled “Re: Massachusetts General Hospital (MGH) Purdue Pharma Pain Program,” bearing Bates numbers PPLPC023000228147 – PPLPC023000228153, and referenced in the FAC at ¶ 273 n. 216), the memorandum states at page 3:

“There has been a great deal of legislative activity/debate in Massachusetts around the issues of whether or not OxyContin []

Tablets should remain available to persons in the Commonwealth. Some legislators have suggested that the product should be classified as a banned substance under the Commonwealth's controlled substances regulation – in the same class as heroin and LSD – by introducing a total of five bills to this end.... In the most recent legislative session a newly-formed *OxyContin and Heroin Commission* has been active; evidence that the legislative focus on Purdue and OxyContin continues (see Appendix 2). I believe that these activities are relevant, since our actions regarding the continued support of this project may have an impact on those in the legislature. I fear that a termination of support might fuel the efforts of those already hostile to us, or reduce the willingness of those who have supported our positions to continue to do so.”
PPLPC023000228149.

- **Exhibit 23** is an email dated August 3, 2014 from Brianne Weingarten “RE: Action needed by next week for Joe, Mike and Brianne: Purdue Fact Pack - Steward” with attachment titled “Partners Profile Aug 3 2014_BW.pptx” bearing Bates numbers PPLPC012000489542 – PPLPC012000489543. The attached McKinsey & Co. slide deck states, on slide 12, that Martin McQuadro (Acquadro) was “‘forever in Purdue’s debt’ for that.” (*AGO highlighting in document.*)
- **Exhibit 24** is an email dated September 13, 2013 from Arnab Ghatak to John Stewart titled “Final ppt documents” forwarded on January 8, 2014 by Michael Ronning with attached excerpted presentation “OxyContin Growth Opportunities, Phase I Final report: Diagnostic” bearing Bates numbers PPLPC031001133731 – PPLPC031001133733. (*AGO highlighting in document.*) Slide 50 shows a map of “market attractiveness by geography.” Massachusetts is shaded majority light blue and blue. These colors indicate “market attractiveness” of “somewhat attractive” and “most attractive,” respectively. Slide 51 lists the territory of Lowell, Massachusetts as “Most attractive,” but with “Below Average” OxyContin TRx Growth 2011-2012 and notes the territory “Boston South” has

“Average” “Market Attractiveness” but “Above Average” OxyContin TRx Growth 2011-2012.

- Referring back to **Exhibit 15** (an excerpted presentation dated April 24, 2014 from McKinsey & Co. titled “Update on E2E – Evolve to Excellence implementation,” bearing Bates number MCK-MAAG-0017306), on a map on slide 16, the area around Boston, Massachusetts is shaded dark orange or red. The map legend indicates that the colors dark orange or red correspond to less than 20% of OxyContin Core Health Care Providers reached by the sales force.

Slide 21 summarizes an IDN [Integrated Delivery Network] strategy for Purdue:

“~30% of OxyContin volume flows through limited and no see physicians within these the [sic] top 50 IDNs.... A concerted approach to these IDNs could result in 107k incremental OxyContin TRx annually, with an annual incremental gross revenue value of ~\$47M. We have evaluated these IDNs and propose a phased approach to addressing this business. Focus near term efforts on ~14 IDNs in 4 high value geographies. Incorporate additional ~10-15 IDNs every 4-6 months beginning in Q2 2015.”

Slide 25 identifies Steward Health Care System, LLC (“Steward”) as a “Top 10 over-performing” IDN “by ERO volume. “Total upside associated with growing over-performers is: 36K TRx annually (\$16M gross revenue).”

Slide 26 states that “The Top 50 IDNs by ERO volume are concentrated in 24 states.” The slide lists Massachusetts as one of those states, with Partners HealthCare System, Inc (“Partners”) and Steward listed as IDNs in Massachusetts. The slide lists an “estimated incremental TRx generated” of 1,344 for Massachusetts as a result of the IDN strategy.

Slide 27 says: “We considered a number of quantitative and qualitative criteria when evaluating Purdue’s opportunity to drive impact within these IDNs.” As an

“External / regional factor” and “Rationale for inclusion,” the slide says “External factors may make improve (e.g., recent MA legislation) or reduce (E.g., TX is a triplicate state) likelihood of success.” [sic]

Slide 29 states that the OxyContin Market Share at Steward is 31% and 32% at Partners. OxyContin Managed Care Coverage for both IDNs is designated as “Strong.”

Slide 30 states: “Based on the quantitative and qualitative assessments of these accounts, we propose that the initial phase of this strategy is focused on 14 IDNs.” The slide lists 4 states with 14 IDNs between them, including Massachusetts with 4: Partners, Steward, UMass, and Atrius Physicians.

Slide 35 puts Massachusetts in “Wave 1” with “[p]roposed ‘go live’ timing” of October 1, 2014.

- **Exhibit 25** is an email dated April 25, 2014 from Brianne Weingarten, with the attached presentation dated April 23, 2014 titled “Preliminary Corporatized provider profiles,” bearing Bates numbers PPLPC020000784961 – PPLPC02000078962. (Excerpt; 45 of 74 slides attached.) (*AGO highlighting in document.*)

Twenty-three (23) of the presentation slides concern four (4) providers in Massachusetts: Atrius Health, a physicians’ network headquartered in Newton, Massachusetts; Steward Health, headquartered in Boston, Massachusetts, UMass Memorial Health Care in Worcester, Massachusetts; and Partners HealthCare (“Partners”), then headquartered in Needham, Massachusetts.

Slide 44, one of the Partners slides, states, for Purdue products: “Brigham: OxyContin used extensively, probably the #1 prescribed long acting. Butrans not used, although Dr. Ross wrote first 3 Rx.” Under “Purdue connections,” slide 45 lists 8 KOL

[Key Opinion Leader] contacts for Partners: Paul Arnstein, NP (MGH); Bob Jamison, PhD (BW); Jiaren Mao, MD (MGH); Michelle Matthews, MD (BW); Ed Michna, MD (BW); Srdjan Nedeljkovic, MD (BW); George Papakostas, MD (MGH); and Ajay Wassan, MD (BW). Under “Other connections” the same slide states “Dr. Sackler (owner) is major donor to MGH” and under “Next steps” states “Reach out to Dr. Sackler.”

Signed under the pains and penalties of perjury this 10th day of May 2019.



Jenny Wojewoda
Assistant Attorney General

CERTIFICATE OF SERVICE

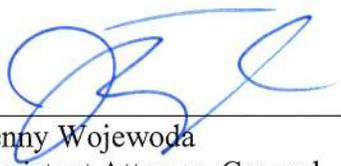
I, Jenny Wojewoda, Assistant Attorney General, hereby certify that I have this day, May 10, 2019, served the foregoing document upon all parties by email to:

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